

Application or Docke: Number
27/1/ KOULANIA
D244.6240000

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		CLAIMS		D - PART	(Column 2)	SMAI TYPE	L ENTIT		OTH SMA	IER THAN
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FOR			NUME	BER FILED	NUMBER EXTRA	BASIC	FEE		BASIC F	1000
TOT	AL CHARG	EABLE CLAIMS	9	minus 20=	•	xs	9=		R XS16	- 176h
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MULT	TIPLE DEPI	ENDENT CLAIM	PRESENT]		7	<u></u>	-()
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+145:	. 1 1	OF	+290=	1.	
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		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column HIGHES NUMBE PREVIOU PAID FO	ST PRESENT SLY EXTRA	ADDIT. FI	ADDI-	_ _		
Tot	tal	CLAIMS REMAINING AFTER	Minus	HIGHES NUMBE PREVIOU	ST PRESENT SLY EXTRA	ADDIT. FI	ADDI- TIONA	_ _	RATE	ADDI- TIONAL
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